TRAVEL EXPENSE CLAIM

STD. 262 (REV. 12/93)						Statement on Reverse Side Page					of	1	Pages			
	T'S NAME					SSAN OR E	EMPLOYEE N	 NUMBER	*	DEPARTME DEPART		F MANAGED	HEALTH	CARE		
POSITION CB/ID NO. Director M01						Office of the Patient Advocate INDEX NUMBER 6000										
RESIDENCE ADDRESS*							RTERS ADD Street, Su					ONE NUMBER) 324-6407				
CITY STATE ZIP COD Sacramento CA				Sacramento				STATE CA	<u> </u>		ZIP CODE 95814					
		(3)	(4)	(5)	MEALS		(6)	(7)		TRANSPOR	RTATION		(8)	(9)		
Sept/0	Oct. 2009	LOCATION				0.T., LT,	INCIDEN-	(A) Cost of Trans.		Tolls, Parking	(D) Private Car Use		BUSINESS	TOTAL		
DATE	(2) TIME	Where Expenses Were Incurred	LODGING	Break- fast	Lunch	N/C, Relo. or Dinner	TALS				Miles	Amount	EXPENSE	FOR DAY		
30-Sept.	8:00 am	Sacramento - Oakland San Francisco -	155.25		10.00	18.00		33.00	PC/R		15	8.25		\$224.50		
1-Oct.	9:00 pm	Sacramento		6.00	10.00	18.00	6.00		PC		102	56.10		\$96.10		
														\$0.00		
														\$0.00 \$0.00		
														\$0.00		
														\$0.00		
														\$0.00		
														\$0.00		
														\$0.00 \$0.00		
(10) SUBT	OTALS	<u> </u>	155.25	6.00	20.00	36.00	6.00	33.00		0.00	118	64.35	0.00	\$320.60		
COLUMN	ODE (ACCTG.	USE ONLY)														
	CLAIM T	OTAL											\$	320.60		
(11) PURPO	OSE OF TRIP, R	EMARKS AND DETAIL	S (Attach rec	eipts/vouc	hers when	required)						(12) NORMAL \	(12) NORMAL WORK HOURS			
		E: Attended the Californ									_	0800 - 1700				
		n; Amtrak(one way)\$33. ; from San Francisco to					dand to meetin	g venue in	San Fran	ICISCO.	_	4GNH186	VEHICLE LICENSE #			
	(PC - Spouse picked my up; from San Francisco to Sacramento; (no train ticket) from meeting venue. 4GNH186 (14) MILEAGE I 0.550													?ATE CLAIMED		
														IG OFFICE		
State of Cal was equal to	ifornia. If a priva o or greater than	that the above is a true sately owned vehicle was the rate claimed, and the fate and seat belt usage	exceed th	e minimum rate	, I certify that th	e cost of o	perating	the vehicle		PAID BY F	USE ONLY REVOLVING FU	ND CHECK #				
	S SIGNATURE	J		DATE		(16) SIGNATU	JRE OF OFFIC	ER APPR	OVING T	RAVEL AND PA	YMENT		DATE			
	AL EXPENSE A	UTHORIZATION - SIGN	NATURE AND	TITLE 9 (S	ee Item 17	on reverse)							DATE			
>>													<u> </u>			

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 12/93)						* =						1	_ Pages				
	IT'S NAME Sandra Pe				SSAN OR EMPLOYEE NUMBER* DEPARTMENT DEPARTMENT OF MANAGED HEALTH CARE									CARE			
POSITION CB/ID NO. Director M01						DIVISION OR BUREAU INDEX NUMBER Office of the Patient Advocate 6000											
RESIDENCE ADDRESS*						HEADQUARTERS ADDRESS TEL 980 - 9th Street, Suite 500								ONE NUMBER (916) 324-64			
CITY STATE ZIP COD Sacramento CA				Sacramento				STATE CA					ZIP CODE 95814				
		(3)	(4)	(5)	MEALS	;			(7)		TRANSPOR		TATION		 (8)	(9)	
Octo	ber 2009	LOCATION				0.T., LT,		INCIDEN-	(A)	(B)		(D) Private Car Use		BUSINESS	TOTAL		
DATE	(2) TIME ======	Where Expenses Were Incurred	LODGING	Break- fast	Lunch	N/C, Relo. or Dinner		TALS	Cost of Trans.				Miles	Amount	EXPENSE	EXPENSES FOR DAY	
Oct. 7	4:30 am	Sacramento - Burbank		6.00						PC/A RC	1		15	8 25		\$14.25	
	7:30 pm	Burbank - Sacramento				18	3.00			A/PC	,	9.00	16	8.80		\$35.80	
											-					\$0.00	
																\$0.00	
											-					\$0.00	
																\$0.00	
																\$0.00	
																\$0.00	
																\$0.00	
																\$0.00	
																\$0.00	
(10) SUBT	OTALS		0.00	6.00	0.00	18	3.00	0.00	0.00		,	9.00	30	17.05	0.00	\$50.05	
COLUMN	CODE (ACCTG.	USE ONLY)															
	CLAIM T	OTAL													\$ 50.05		
(11) PURP	OSE OF TRIP, R	EMARKS AND DETAIL	S (Attach rec	eipts/vouc	hers when	required	d)							(12) NORMAL	WORK HOURS		
	PURPOSE: Atte	ended OPA HEROIC Tra	aining on "Beco	oming a Spo	okesperson	for OPA	.".						-	0800 - 1700	0 VEHICLE LICENSE #		
Allpoit Fair	ung, \$9.00/day -												- -	4GNH186			
													_	(14) MILEAGE 0.550	RATE CLAIMED	1	
														AGEN	CY ACCOUNTIN	IG OFFICE	
State of Cal was equal t	lifornia. If a priva o or greater than	that the above is a true sately owned vehicle was the rate claimed, and that the rate claimed, and the rate years are the rate was a seat belt usag	used, and if mat I have met	ileage rates	exceed th	e minimu	ım rate,	I certify that th	ne cost of o	perating	the veh			PAID BY F	USE ONLY REVOLVING FU	ND CHECK#	
CLAIMANT	'S SIGNATURE	,		DATE		(16) SI	GNATU	RE OF OFFIC	ER APPRO	OVING T	RAVEL	AND PA	YMENT	_	DATE		
>> (17) SPEC	IAL EXPENSE A	AUTHORIZATION - SIGI	NATURE AND	TITLE 9 (S	ee Item 17	>> on rever	se)								DATE		
>>															<u> </u>		

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 12/93)						atement on Reverse Side Page					of	1	Pages		
	T'S NAME		=====	SSAN OR EMPLOYEE NUMBER* DEPARTMENT DEPARTMENT OF MANAGED HEAL									CARE		
POSITION				DIVISION OR BUREAU Office of the Patient Advocate INDEX NUMBER 6000											
RESIDENCE ADDRESS*					HEADQUARTERS ADDRESS TELEPHONE NU 980 - 9th Street, Suite 500 (916) 324-6										
CITY STATE ZIP COD Sacramento CA				E	CITY Sacrame			STATE CA			ZIP CODE 95814				
	====== NTH / YEAR	======================================	====== (4)	===== (5)	===== MEALS	=====	====== (6)	======================================		TRANSPO	====== RTATION	======	====== (8)	======= (9)	
	t. 2009	LOCATION				O.T., LT,	INCIDEN		(B)		(D) Private Car Use		BUSINESS	TOTAL	
DATE	(2) TIME =======	Where Expenses Were Incurred	LODGING	Break- fast	Lunch	N/C, Relo or Dinner		Cost of Trans.	Type		Miles	Amount	EXPENSE	EXPENSES FOR DAY	
19-Oct	12:30 pm	Sacramento - Ontario				18.00			RC/P C		15	8.25		\$26.25	
20/Oct.	10.30 pm	Ontario - Sacramento		6.00	10.00	18.00	6.00	46.00	RC		15	8.25	12.95	\$107.20	
														\$0.00	
														\$0.00	
														\$0.00	
														\$0.00	
														\$0.00	
														\$0.00	
														\$0.00	
														\$0.00	
														\$0.00	
(10) SUBT	OTALS		0.00	6.00	10.00	36.00	6.00	46.00		0.00	30	16.50	12.95	\$133.45	
COLUMN	CODE (ACCTG.														
	CLAIM T	OTAL											\$	133.45	
• •	,	EMARKS AND DETAI	,	•		• •						(12) NORMAL			
		Attended the California	a Association o	f Health Pla	ns (CAHP)	Annual Confer	ence; Guest S	oeaker.			_	0800 - 1700)		
													EHICLE LICENSE #		
	4GNH186 (14) MILEAGE F 0.550														
											_		CY ACCOUNTIN		
State of Cal was equal t	(15) I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and													USE ONLY EVOLVING FUND CHECK #	
	ning to vehicle sa	afety and seat belt usag	je.	DATE		(16) SIGNAT	URE OF OFFI	CER APPRO	OVING T	RAVEL AND PA	AYMENT	-	DATE		
>> (17) SPEC	IAL EXPENSE A	UTHORIZATION - SIG	NATURE AND	TITLE 9 (S	ee Item 17	>> on reverse)							DATE		
>>															

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 12/93)						Statement on Reverse Side Page					of	1	1 Pages		
	T'S NAME Sandra Pe				SSAN OR EMPLOYEE NUMBER* DEPARTMENT DEPARTMENT OF MANAGED HEALTH CARE										
POSITION				DIVISION OR BUREAU INDEX NUMBER Office of the Patient Advocate 600											
RESIDENCE ADDRESS*						HEADQUAR 980 - 9th						ONE NUMBER (916) 324-64			
CITY STATE ZIP COD Sacramento CA				E	CITY Sacramen			STATE			ZIP CODE 95814				
		(3)	(4)	(5)	MEALS	MEALS		(7)			ORTATION	EEEEEEEEEEEEEEEEEEEEEEEEE		(9)	
Oct. 2009		LOCATION				O.T., LT,	INCIDEN-	(A)	(B)		(D) Pr	(D) Private Car Use		TOTAL	
DATE	(2) TIME	Where Expenses Were Incurred	LODGING	Break- fast	Lunch	N/C, Relo. or Dinner	TALS	Cost of Trans.	Type Used		Miles	Amount	EXPENSE	EXPENSES FOR DAY	
26-Oct.	7:00 am	Sacramento - Orange County	143.88		10.00	18.00			PC/A	9.00	15	8.25		\$189.13	
27-Oct.		Long Beach	143.88	6.00		18.00	6.00		RC	9.00	16	8.80		\$191.68	
28-Oct.	8:30 am 10:30 am	Long Beach - Sacramento		6.00			6.00		A/PC	6.00				\$18.00	
														\$0.00	
			111111111111111111111111111111111111111											\$0.00	
														\$0.00	
														\$0.00	
														\$0.00	
														\$0.00	
														\$0.00	
														\$0.00	
(10) SUBT	OTALS		287.76	12.00	10.00	36.00	12.00	0.00		24.00	31	17.05	0.00	\$398.81	
COLUMN	ODE (ACCTG. I														
	CLAIM T												\$	398.81	
		Attended the Coverns	•	•	hers when	required)						(12) NORMAL WORK HOURS			
		Attended the Governo y; thereafter by hour (no			nento in mo	orning.					<u> </u>	0800 - 1700 (13) PRIVATE VEHICLE LICENSE #			
10/28 - Parking @ \$9.00/day; thereafter by hour (not all day) arrived in Sacramento in morning.												4GNH186 (14) MILEAGE RATE CLAIMED			
											_	0.550	WITE OF TIMES		
												AGENO	CY ACCOUNTIN USE ONLY	IG OFFICE	
State of Cal was equal to	ifornia. If a priva o or greater than	hat the above is a true sately owned vehicle was the rate claimed, and the the rate claimed, and the sately and seat belt usage	used, and if mat I have met	ileage rates	exceed the	e minimum rate,	I certify that th	ne cost of o	perating	the vehicle		PAID BY F	REVOLVING FU	ND CHECK #	
	S SIGNATURE	,		DATE		(16) SIGNATU	RE OF OFFIC	ER APPRO	OVING T	RAVEL AND	PAYMENT		DATE		
>> (17) SPECI	AL EXPENSE A	UTHORIZATION - SIGI	NATURE AND	TITLE 9 (S	ee Item 17	>> on reverse)							DATE		
>>															